Internet Access Agreement

I hereby acknowledge that I have received a written copy of the Hardin County General Hospital Internet Access and Usage Policy. I understand and agree to abide by the policy. Access will not be granted to Internet through HCGH until this form is completed and returned to Information Technology Services**.** Any violation of the Internet Access and Usage policy and procedure will result in disciplinary action per the Internet Access and Usage Policy. The Internet Access and Usage policy may at some time be modified. Users understand that by signing this agreement, they are required to review and comply with any of those changes.

EMPLOYEE (PRINT NAME)_____

EMPLOYEE NUMBER_____

DEPARTMENT_____ DATE_____

EMPLOYEE SIGNATURE

_____

WITNESSED BY (PLEASE PRINT)_____

DEPARTMENT_____ DATE_____

Return this form to:
Human Resources